

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753395

Entity Name: CUBAN AMERICAN CERTIFIED PUBLIC ACCOUNTANTS
ASSOCIATION, INC.**FILED**
Mar 17, 2015
Secretary of State
CC4512571368**Current Principal Place of Business:**2655 LE JEUNE RD.,
SUITE 805-6
CORAL GABLES, FL 33134**Current Mailing Address:**2655 LE JEUNE RD.,
SUITE 805-6
CORAL GABLES, FL 33134 US**FEI Number: 59-2034297****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CABALLERO, NESTOR
ALBERNI, CABALLERO & COMPANY, LLP
4649 PONCE DE LEON BOULEVARD SUITE 404
CORAL GABLES, FL 33146 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE: NESTOR CABALLERO****03/17/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** TREASURER
Name GONZALEZ, LEANDRO
Address PO BOX 442061
City-State-Zip: MIAMI FL 33144**Title** SECRETARY
Name CASTRO, YESLIE
Address PO BOX 442061
City-State-Zip: MIAMI FL 33144**Title** VP
Name FIERMAN, ANDREW
Address PO BOX 442061
City-State-Zip: MIAMI FL 33144**Title** ASST. TREASURER
Name HERNANDEZ, DAVID
Address PO BOX 442061
City-State-Zip: MIAMI FL 33144**Title** PRESIDENT
Name MARTIN, BEATRIZ
Address 999 PONCE DE LEON BLVD.
SUITE 1045
City-State-Zip: CORAL GABLES FL 33134**Title** PRESIDENT ELECT
Name MARTIN, BEATRIZ
Address PO BOX 442061
City-State-Zip: MIAMI FL 33144**Title** ASSISTANT SECRETARY
Name MADARIAGA, JOHN-PAUL
Address PO BOX 442061
City-State-Zip: MIAMI FL 33144**Title** DIRECTOR
Name ARDIZON, JEFFREY
Address PO BOX 442061
City-State-Zip: MIAMI FL 33144**Continues on page 2**

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LEANDRO GONZALEZ**TREASURER****03/17/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	EX OFFICIO
Name	LLERENA, ENRIQUE	Name	ALVAREZ, MARCOS
Address	PO BOX 442061	Address	PO BOX 442061
City-State-Zip:	MIAMI FL 33144	City-State-Zip:	MIAMI FL 33144